# Montana State Legislature

#### 2015 SESSION ADDITIONAL DOCUMENTS

Business Page [Signed by Chairman]
Roll Call
Standing Committee Reports
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Visitor Registrations

\*Any other documents, which were submitted after the committee hearing was ended and/or was submitted late [within 48 hours], but regarding information in the committee hearing. Witness Statements that were not presented as exhibits.

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#### **BUSINESS REPORT**

# MONTANA HOUSE OF REPRESENTATIVES 64th LEGISLATURE - REGULAR SESSION

### HOUSE JOINT APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES

Date: Thursday, January 15, 2015

Place: Capitol

Time: 8:00 AM Room: 102

#### **BILLS and RESOLUTIONS HEARD:**

None

#### **EXECUTIVE ACTION TAKEN:**

CHIP/FMAP Savings

#### Comments:

Public Hearing on Chemical Dependency; Public Hearing on Mental Health Services

REP. Ron Ehli, Chair



# MONTANA HOUSE OF REPRESENTATIVES

# HUMAN SERVICE SUBCOMMITTEE ROLL CALL

DATE 1/15/15

NAME	PRESENT	ABSENT/EXCUSED
REP. RON EHLI, CHAIRMAN	X	
SEN. ROGER WEBB, VICE CHAIRMAN	X	
REP. TOM BURNETT	X	
SEN. MARY CAFERRO	X	- Committee of the comm
SEN. BOB KEENAN	X	
REP. PAT NOONAN	X	

6 MEMBERS



# MONTANA HOUSE OF REPRESENTATIVES

### **HUMAN SERVICE SUBCOMMITTEE**

### **ROLL CALL VOTE**

1/15/15

00:01:14

Motion: Sen. Webb moved TO USE THE STATE SPECIAL REVENUE THAT IS AVAILABLE DUE TO APPLICATION OF THE 23% ENHANCED FEDERAL MATCH RATE TO THE FINAL FY 2015 LEGISLATIVE BASE APPROPRIATION AND OFFSET AN EQUAL AMOUNT OF GENERAL FUND STATE MATCH COST IN THE FINAL 2015 LEGISLATIVE BASE APPROPRIATION FOR MEDICAID SERVICES FOR CHILDREN ELIGIBLE FOR HEALTHY MONTANA KIDS

NAME	AYE	NO	PROXY
SEN. ROGER WEBB, VICE CHAIRMAN	X		
REP. TOM BURNETT	X		
SEN. MARY CAFERRO		X	
SEN. BOB KEENAN	X		
REP. PAT NOONAN		X	
REP. RON EHLI, CHAIRMAN	X		

6 MEMBERS



# MONTANA HOUSE OF REPRESENTATIVES

#### **VISITORS REGISTER**

### **HUMAN SUBCOMMITTEE**

DATE 1/15/15	BILL NO:	11/17				
SPONSOR(S):			<u> </u>			
SHORT TITLE:						
Please leave prepared testimony with secretary. Witness Statement forms are available if you care to submit written testimony.  PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT						
Name	Representing	Support	Oppose	Informt'l		
ara Mettler	SCMKMH C					
unita Romine	Butte/Mental Health					
1 Rigney	Highing Nightingale Home Case					
mul blusheet	mater / Citye					
Ih Melder	MACDS-SA					
eryl tesheh	Benofis Spectrum					
e Neff	Benefis/Spectrum					
2T Dolmon	YWEA- GRT Falls	1				
mette Russ	DRISONAL	/				
shael Cummins	Flathead Valley Chemical	V				
Ali Jacoues	Citizen	V				
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# MONTANA HOUSE OF REPRESENTATIVES

### **VISITORS REGISTER**

### **HUMAN SUBCOMMITTEE**

TIONEM BODCOMMITTEE				
DATE \/   5 /   5   SPONSOR(S):/	V/A	BILL NO: V	14	
SHORT TITLE:	///			
Witness Statem	Please leave prep ent forms are ava	eared testimony with ailable if you care to	secretary. submit written	testimony
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None				

Name	Representing	Support	Oppose	Informt'l
May Kiste,	NAMI Mortin	X	11	
South Kosarich	Rimode	X		
Mulaera Hell	Paer Recovery Madein/support	X		
Katherine Irancson	WMMHE-Missala			
Dan Anne	Mestel Health America MT			
Debpie Agely	Home Care - Holena			
Sheir Smit	NAMIMT	X		
Shawra B: shapl	SDMI Waiver	X		
Mike Kuppent	MASP BOYD AURCU	X	***	
Abigun X. Elemene	MASP/BAMS/BACS	X		
my fun	MPN	<u> </u>		
Thirthele Den	Yell provider Havocat	X		
michael South	PRET PROVIDER ADVOCATE			
Howard Lecht	Ravalli Come	×	****	
Cotherne Callahan	MSSULA INTRIBA	X		
L'all Jorgerson	Lewich Carte			
Vigortin to Tellactor	Holma (WHILL OSSice)	$X \perp$		
200H Marloy	whate	-		



PLEASE PRINT

# The Big Sky Country

# MONTANA HOUSE OF REPRESENTATIVES

### VISITORS REGISTER

HUMAN SUBCOMMITTEE				
DATE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	BILL NO:			
SHORT TITLE:				

PLEASE PRINT

Please leave prepared testimony with secretary. Witness Statement forms are available if you care to submit written testimony.

PLEASE PRINT

PLEASE PRINT Name Representing Support Oppose Informt'l



SPONSOR(S).

# The Big Sky Country

# MONTANA HOUSE OF REPRESENTATIVES

### **VISITORS REGISTER**

### **HUMAN SUBCOMMITTEE**

BILL NO:

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SHORT TITLE:				
Witness Statement	ase leave prepared testimony wi forms are available if you care LEASE PRINT PLEASE PRINT	to submit	ary. written to SE PRINT	
Name	Representing	Support	Oppose	Informt'l
orian Coothin	Gallatin County MSPOA			
ny Mcgowan	MHCS, MSPOA, MCAA			
te toster	Catholic Hospital	V		
Warden	Benefis, SY, Peters, Boz Dead	~		
nee Grmoliez	Billings Clinic	V		
DISEN	MHA	2/		
a Brenneman	Disability Kights MT			
Vila Buganic	ACLU			
shy wikinson	HAWI UT Paire			
uah Marey	COUPLY INNO	V		
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